

**The Kodály Music Education Institute of Australia
Queensland Branch**

National Conference Presenters' Scholarship 2026

Personal Details

Title	
First Name	
Surname	
Email Address	
Postal Address	
Home Number	
Mobile	
Bank Details	BSB: Account:

Workshop/Paper title	
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Declaration by applicant

- Yes, I have been a Kodály QLD Member for the past 12 months:
- By ticking this box I agree to the following:
- I state that all information in this application is true and correct.
 - I confirm that I have been accepted to present at the conference.
 - I accept that Kodály QLD has the right to reject a nomination based on false or misleading information forming any part of the application.

Applicant Signature: _____

Date: _____